

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 2

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

01/01/03

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(10)(A)(ii)(IV)

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ -0-

b. FFY 2004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A
Supplement 7 to Attachment 2.6-A
Supplement 8a to Attachment 2.6-A, Page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same Page, Revised 01/01/02, TN# 02-02

Same Page, Revised 01/01/02, TN# 02-02

Delete Page

Oklahoma (03-02)

10. SUBJECT OF AMENDMENT:

Maintenance of effort with regard to State Supplement to SSI recipients

Approved: 05/30/03
Effective: 01/01/03

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

May 13, 2003

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Billie Wright

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

17 MARCH 2003

18. DATE APPROVED:

30 MAY 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 JANUARY 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Bill Brink for Andy Fredrickson

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty
Jim Hancock
Billie Wright

Effective Date 1-1-2003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMAINCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

Payment Category Reasonable Classification	Income Level		Income Disregards Employed
	1 Person	Couple	
Aged	\$552.00	\$829.00	SSI
Blind	\$552.00	\$829.00	SSI
Disabled	\$552.00	\$829.00	SSI

SUPERSEDES: TN- OK 02-02

STATE <u>Oklahoma</u>	A
DATE REC'D <u>03-17-2003</u>	
DATE APPROV'D <u>05-30-2003</u>	
DATE EFF <u>1-1-2003</u>	
HCFA 179 <u>OK 03-02</u>	

Revised 01-01-03

TN# OK 03-02 Approval Date 5-30-2003 Effective Date 1-1-2003 Supersedes
 TN# 02-02